Image# 10990875863 07/15/2010 10:40

	RECEIPTS AND DISBUED COMMITTEE OF A CANDIDATE		OF PRESIDENT OR	1 / 24 VICE-PRESIDENT
1. NAME OF COMMITT				VIOL I IILOIDEIVI
ADDRESS (number and	Oneck ii dinerent than	previously reported	2. IDENTIFICATION NU	JMBER
	E LLP 1585 BROADWAY		C00430512	
CITY, STATE, and ZIP ( NEW YORK		10036-8299	3. IS THIS REPORT FO	OR: General
4. TYPE OF RE	EPORT (Check here if this is a	Termination Report.)	· · · · · · · · · · · · · · · · · · ·	
		Monthly Report Due	On:	
April 15 Quarterly Re	•	February 20	June 20	October 20
X July 15 Quarterly Rep	port	March 20 April 20	☐ July 20 ☐ August 20	November 20 December 20
October 15 Quarterly	y Report	☐ May 20	September 20	<b>—</b>
January 31 Year End	d Report	Twelfth day report pr	<u> </u>	Type of Election)
		election on11/04	4/2008 in th	ne State of
		Thirtieth day report for	ollowing the General Elect	ion on
		on		
IS THIS REPORT AN AI	MENDMENT YES X N	10		
5. COVERING PERIOD		FROM 04/01/2010	THRO	<b>DUGH</b> 06/30/2010
SUMMARY	6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	THE		85885.48
	7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 2)			30712.54
	8. SUBTOTAL (Lines 6 and 7)			116598.02
	9. TOTAL DISBURSEMENTS THIS PEF (From Line 30, Column A, Page 2)	RIOD		55709.11
	10. CASH ON HAND AT CLOSE OF RE (Subtract Line 9 from 8)	PORTING PERIOD		60888.91
	11. DEBTS AND OBLIGATIONS OWED (Itemize All on Schedule C-P or			618.90
	12. DEBTS AND OBLIGATIONS OWED (Itemize All on Schedule C-P or			2733960.62
	13. EXPENDITURES SUBJECT TO LIM	IITATION		0.00
NET ELECTION CYCLE- TO-DATE	14. NET CONTRIBUTIONS (Other than (Subtract Line 28d, Column B from 17	Loans) e, Column B, Page 2)		814905.00
CONTRIBUTIONS AND EXPENDITURES	15. NET OPERATING EXPENDITURES (Subtract Line 20a, Colummn B from 2			1176533.26
I certify that I have exa	mined this Report and to the best of my	knowledge and belief it is to	rue, correct, and comple	ete.
Type or Print Name of Tr <b>John Gross</b>	reasurer			Date 07/15/2010
Signature of Treasurer				1
	lse, erroneous, or incomplete information m FEC FORM 3P are obsolete and should no I	, , , ,	this Report to the penalties	s of 2 U.S.C. §437g.
For further information	Federal Election Commis 999 E Street, N.W. Washington, DC 20463	sion Toll Free 800-424 Local 202-694-110	-9530 <b>(</b>	FEC FORM 3P 01/2001)

DETAILED SUMMARY OF RECEIPTS A	AND DISBUR	SEMENTS	
Name of committee (in full)  RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC		Report Covering the Period From: 04/01/2010	To: 06/30/2010
I. RECEIPTS		COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)		0.00	0.00
17. CONTRIBUTIONS (other than loans) FROM :			
(a) Individuals/Persons Other Than Political Committees		0.00	10205.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees		0.00	7000.00
(d) The Candidate		0.00	800000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a) , 17(b), 1	7(c), 17(d))	0.00	817205.00
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		0.00	0.00
19. LOANS RECEIVED:			
(a) Loans Received From or Guaranteed by Candidate		0.00	300000.00
(b) Other Loans		0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))		0.00	300000.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):			
(a) Operating		14476.96	42783.15
(b) Fundraising		0.00	0.00
(c) Legal and Accounting		0.00	0.00
(d) TOTAL OFFSETS TO OPERATING EXPENDITURES (Add 20(a)	, 20(b) and 20(c))	14476.96	42783.15
21. OTHER RECEIPTS (Dividend, Interest, etc.)		16235.58	86372.77
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d), 21)		30712.54	1246360.92
II. DISBURSEMENTS			
23. OPERATING EXPENDITURES		55709.11	1219316.41
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		0.00	0.00
25. FUNDRAISING DISBURSEMENTS		0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS		0.00	0.00
27. LOAN REPAYMENTS MADE :			
(a) Repayment of Loans made or Guaranteed by Candidate		0.00	0.00
(b) Other Repayments		0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))		0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO :			
(a) Individuals/Persons Other Than Political Committees		0.00	2300.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b), 28(c))		0.00	0.00 2300.00
29. OTHER DISBURSEMENTS		0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	)	55709.11	1221616.41
III. CONTRIBUTED ITEMS (Stock, Art (	Objects. etc.)		
31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)		0.00	

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE (Used Only by Primary Committees Receiving or Expecting to Receive Federal Funds)

(PAGE 3, FEC FORM 3P) 3 / 24

1. NAME OF COMMITTEE (in full)

**RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC** 

ADDRESS (number and street)

C/O JOHN GROSS PROSKAUER ROSE LLP 1585 BROADWAY

CITY, STATE, and ZIP CODE

**NEW YORK** NY 100368299 2. IDENTIFICATION NUMBER

C00430512

## **ALLOCATION BY STATE**

STATE	ALLOCATION THIS PERIOD		STATE	ALLOCATION THIS PERIOD	
Alabama	0.00	0.00	Nebraska	0.00	0.00
Alaska	0.00	0.00	Nevada	0.00	0.00
Arizona	0.00	0.00	New Hampshire	0.00	0.00
Arkansas	0.00	0.00	New Jersey	0.00	0.00
California	0.00	0.00	New Mexico	0.00	0.00
Colorado	0.00	0.00	New York	0.00	0.00
Connecticut	0.00	0.00	North Carolina	0.00	0.00
Delaware	0.00	0.00	North Dakota	0.00	0.00
District of Columbia	0.00	0.00	Ohio	0.00	0.00
Florida	0.00	0.00	Oklahoma	0.00	0.00
Georgia	0.00	0.00	Oregon	0.00	0.00
Hawaii	0.00	0.00	Pennsylvania	0.00	0.00
Idaho	0.00	0.00	Rhode Island	0.00	0.00
Illinois	0.00	0.00	South Carolina	0.00	0.00
Indiana	0.00	0.00	South Dakota	0.00	0.00
lowa	0.00	0.00	Tennessee	0.00	0.00
Kansas	0.00	0.00	Texas	0.00	0.00
Kentucky	0.00	0.00	Utah	0.00	0.00
Louisiana	0.00	0.00	Vermont	0.00	0.00
Maine	0.00	0.00	Virginia	0.00	0.00
Maryland	0.00	0.00	Washington	0.00	0.00
Massachussetts	0.00	0.00	West Virginia	0.00	0.00
Michigan	0.00	0.00	Wisconsin	0.00	0.00
Minnesota	0.00	0.00	Wyoming	0.00	0.00
Mississippi	0.00	0.00	Puerto Rico	0.00	0.00
Missouri	0.00	0.00	Guam	0.00	0.00
Montana	0.00	0.00	Virgin Islands	0.00	0.00
			TOTALS	0.00	0.00

#### Schedule C-P PAGE 4/24 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-1 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 500000.00 500000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 0 4 0 9 2008 12/31/2010 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 500000.00 SUBTOTALS This Period This Page (optional) ...... TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### Schedule C-P PAGE 5/24 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-2 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300000.00 300000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred о 3 0 0 5 2008 12/31/2010 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 300000.00 SUBTOTALS This Period This Page (optional) ...... TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### Schedule C-P PAGE 6/24 Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 19a **Detailed Summary Page** 19b NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Transaction ID: SC-3 LOAN SOURCE Full Name (Last, First, Middle Initial) Election: RUDOLPH W. GIULIANI-LOAN FROM PERSONAL FU - [PERSONAL FUNDS] X Primary General Mailing Address Other (specify) 1177 AVENUE OF THE AMERICAS 19TH FLOOR City NEW YORK State NY ZIP Code 10036 Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 300000.00 300000.00 0.00 **TERMS** Date Due Interest Rate Secured: Date Incurred 1 0 2008 12/31/2010 0.0000 Yes X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 300000.00 SUBTOTALS This Period This Page (optional) ...... 1100000.00 TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

#### PAGE 7 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) X 11 numbered line) **Excluding Loans** 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS TRAVEL MCCLATCHY NEWSPAPERS Mailing Address 700 12TH ST STE 1000 ZIP Code City State WASHINGTON 20005 DC Outstanding Balance Beginning This Period Transaction ID: SD11-2 334.81 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 334.81 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS TRAVEL **NEW YORK TIMES** Mailing Address 1416 DITMAS AVE ZIP Code City State **BROOKLYN** NY 11226 Outstanding Balance Beginning This Period Transaction ID: SD11-4 194.83 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 194.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WTKK-FM BOSTON PRESS TRAVEL Mailing Address 55 MORRISSEY BLVD State ZIP Code City **BOSTON** 02125 MA Outstanding Balance Beginning This Period Transaction ID: SD11-1 89.26 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 89.26 618.90 1) SUBTOTALS This Period This Page (optional)..... 618.90 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 618.90 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 8 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor UTILITIES ACT TELECONFERENCING SERVICES INC Mailing Address DEPT CH 17366 City State ZIP Code **PALATINE** IL 60055 Outstanding Balance Beginning This Period Transaction ID: SD-3 14468.99 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 14468.99 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TELEPHONE SERVICE AT&T MOBILITY LLC Mailing Address PO BOX 8405 ZIP Code City State **PHOENIX** 85062 ΑZ Outstanding Balance Beginning This Period Transaction ID: SD-4 106691.17 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 106691.17 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): BANDWIDTH.COM UTILITIES Mailing Address 4001 WESTON PKWY STE 100 ZIP Code City State **CARY** NC 27513 Outstanding Balance Beginning This Period Transaction ID: SD-6 9133.50 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9133.50 130293.66 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 9 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor BRABENDERCOX **MEDIA** Mailing Address 100 W STATION SQUARE DR STE 315 State ZIP Code City **PITTSBURGH** PA 15219 Outstanding Balance Beginning This Period Transaction ID: SD-7 69135.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 69135.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CHRIS MOTTOLA CONSULTING **MEDIA** Mailing Address 1382 LAFAYETTE ST ZIP Code City State CAPE MAY NJ 08204 Outstanding Balance Beginning This Period Transaction ID: SD-9 97890.64 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 97890.64 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): CITATION SHARES **TRAVEL** Mailing Address FIVE AMERICAN LN State ZIP Code City **GREENWICH** CT 06831 Outstanding Balance Beginning This Period Transaction ID: SD-10 10967.85 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10967.85 177994.32 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 10 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CONSOLIDATED EDISON CO OF NY UTILITIES Mailing Address PO BOX 1702 City State ZIP Code **NEW YORK** NY 10116 Outstanding Balance Beginning This Period Transaction ID: SD-14 802.18 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 802.18 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TRAVEL **DELTA AIRELITE** Mailing Address 77 COMAIR BLVD ZIP Code City State **ERLANGER** ΚY 41018 Outstanding Balance Beginning This Period Transaction ID: SD-15 15021.48 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 15021.48 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **RENT GIULIANI PARTNERS** Mailing Address 5 TIMES SQUARE State ZIP Code City **NEW YORK** NY 10036 Outstanding Balance Beginning This Period Transaction ID: SD-16 59290.20 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 59290.20 75113.86 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 11 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GIULIANI SECURITY & SAFETY LLC SECURITY SERVICE Mailing Address 5 TIMES SQUARE ZIP Code State City **NEW YORK** NY 10036 Outstanding Balance Beginning This Period Transaction ID: SD-17 141643.70 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 141643.70 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): GORDON C JAMES PUBLIC RELATIONS TRAVEL Mailing Address 4715 N 32ND ST STE 104 ZIP Code City State **PHOENIX** 85018 ΑZ Outstanding Balance Beginning This Period Transaction ID: SD-18 5064.19 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 5064.19 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): POLITICAL STRATEGY CONSUL-TING JON KRAUSHAR & ASSOCIATES INC Mailing Address 10 E 40TH ST STE 1308 State ZIP Code City **NEW YORK** NY 10016 Outstanding Balance Beginning This Period Transaction ID: SD-21 72119.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 72119.25 218827.14 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 12 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEB SERVICE LYRIS TECHNOLOGIES INC Mailing Address PO BOX 49023 City ZIP Code SAN JOSE CA 95161 Outstanding Balance Beginning This Period Transaction ID: SD-23 5400.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 5400.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): MCGRAW COMMUNICATIONS INC UTILITIES Mailing Address PO BOX 36204 7IP Code City State **NEWARK** NJ 07188 Outstanding Balance Beginning This Period Transaction ID: SD-25 27920.55 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 27920.55 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): OPERA NEW MEDIA LLC WEB SERVICE Mailing Address 1280 MASSACHUSETTS AVE STE 203 State ZIP Code City **CAMBRIDGE** 02138 MA Outstanding Balance Beginning This Period Transaction ID: SD-28 150000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 150000.00 183320.55 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 13 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): PRESS ASSOCIATION INC SUBSCRIPTIONS Mailing Address PO BOX 414243 City ZIP Code **BOSTON** MA 02241 Outstanding Balance Beginning This Period Transaction ID: SD-29 15170.40 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 15170.40 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **COMPUTER SUPPORT** ROMAN TECH LLC Mailing Address 8645 24TH AVE ZIP Code City State **BROOKLYN** NY 11214 Outstanding Balance Beginning This Period Transaction ID: SD-31 13500.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 13500.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): SCOTT HOWELL & COMPANY **MEDIA** Mailing Address 208 N MARKET ST STE 225 State ZIP Code City **DALLAS** 75202 ΤX Outstanding Balance Beginning This Period Transaction ID: SD-32 162884.24 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 162884.24 191554.64 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

#### PAGE 14 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): POLITICAL STRATEGY CONSUL-TING SPROUSE CONSULTING Mailing Address PO BOX 8635 City ZIP Code State **CHARLESTON** WV 25303 Outstanding Balance Beginning This Period Transaction ID: SD-34 7200.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 7200.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TARRANCE GROUP INC TRAVEL Mailing Address 201 N UNION ST STE 410 ZIP Code City State **ALEXANDRIA** 22314 VA Outstanding Balance Beginning This Period Transaction ID: SD-36 36170.19 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 36170.19 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): TAUGHANNOCK AVIATION CORP **TRAVEL** Mailing Address TOMPKINS COUNTY AIRPORT 66 BROWN RD ZIP Code City State **ITHACA** NY 14850 Outstanding Balance Beginning This Period Transaction ID: SD-37 210307.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 210307.00 253677.19 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 15 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **UPSTREAM COMMUNICATIONS** WEB SERVICE Mailing Address 1609 SHOAL CREEK BLVD # 203 City State ZIP Code **AUSTIN** TX 78701 Outstanding Balance Beginning This Period Transaction ID: SD-39 10900.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 10900.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **VERIZON WIRELESS** TELEPHONE SERVICE Mailing Address PO BOX 408 7IP Code City State **NEWARK** NJ 07101 Outstanding Balance Beginning This Period Transaction ID: SD-40 236045.23 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 236045.23 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): VORNADO OFFICE MGMT LLC RENT/UTILITIES Mailing Address 40 FULTON ST ZIP Code City State **NEW YORK** NY 10038 Outstanding Balance Beginning This Period Transaction ID: SD-41 106462.82 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 106462.82 353408.05 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

## PAGE 16 / 24 Schedule D-P (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 11 numbered line) **Excluding Loans** X 12 NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): WEST MERIDIAN LLC MESSAGE PHONE CALLS Mailing Address 914 164TH ST SE # 343 ZIP Code City State MILL CREEK 98012 WA Outstanding Balance Beginning This Period Transaction ID: SD-42 38631.56 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 38631.56 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): XO COMMUNICATIONS LLC TELEPHONE SERVICE Mailing Address 14239 COLLECTIONS CENTER DR ZIP Code City State CHICAGO 60693 IL Outstanding Balance Beginning This Period Transaction ID: SD-43 11139.65 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 11139.65 49771.21 1) SUBTOTALS This Period This Page (optional)..... 1633960.62 2) TOTALS This Period (last page this line number only)..... 1100000.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 2733960.62 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

_	chedule A-P EMIZED RECEIPTS		Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 17 / 24 (check only one)
			Detailed Summary Page	19a 19b 20a 20b 20c 21
A oı	ny information copied from such Reports and S for commercial purposes, other than using the	tatements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions oslicit contributions from such committee.
	NAME OF COMMITTEE (In Full) PRUDY GIULIANI PRESIDENTIAL COM	MMITTEE, II	NC	
<b>A</b> .	Full Name (Last, First, Middle Initial) NEW YORK CITY DEPT OF TAX			Date of Receipt
	Mailing Address PO BOX 5040	01-1-	7: 0.1	05 13 2010
	City KINGSTON	State NE	Zip Code 12402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			5970.96
	Name of Employer	Occupation	n	REFUND-TAXES
	Receipt For: 2008  X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 5970.96	1
	Other (speedily)	0 0		Transaction ID: SA20A-3
В.	Full Name (Last, First, Middle Initial) NY STATE CORPORATE TAX			Date of Receipt
	Mailing Address PO BOX 1909			05 13 YYYY 2010
	City	State	Zip Code	
	ALBANY	NE	12201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			6.00
	Name of Employer	Occupation	n	REFUND-TAXES
	Receipt For: 2008	Election C	Cycle-to-Date ▼	
	X Primary General Other (specify) ▼		8506.00	1
_		0 0	0 0 0 0 0 0 0 0	Transaction ID: SA20A-1
C.	Full Name (Last, First, Middle Initial) NY STATE CORPORATE TAX			Date of Receipt
	Mailing Address PO BOX 1909			05 13 YYYY 2010
	City	State	Zip Code	
	ALBANY	NE	12201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			8500.00
	Name of Employer	Occupation	n	REFUND-TAXES
	Receipt For: 2008	Election C	Cycle-to-Date ▼	
	X Primary General Other (specify) ▼	' '	8506.00	]
_	(1 2/ <b>V</b>	0 0	0 0 0 0 0 0 0	Transaction ID: SA20A-2
	SUBTOTAL of Receipts This Page (optional)			14476.96
	(			14476.96

TOTAL This Period (last page this line number only) ......

	Schedule A-P TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 24 (check only one)  16 17a 17b 17c 17d 18 19a 19b 20a 20b 20c 21
	Any information copied from such Reports and St or for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COM	MITTEE, II	NC	
Α.	Full Name (Last, First, Middle Initial) PRAXIS LIST RENTAL			Date of Receipt
	Mailing Address 1609 SHOAL CREEK BLVD # 203			05 13 2010
	City	State	Zip Code	
	AUSTIN	TX	78701	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			16235.58
	Name of Employer	Occupatio	n	LIST RENTAL INCOME
	Receipt For: 2008  X Primary General Other (specify)	Election (	Cycle-to-Date ▼ 70107.99	Transaction ID: SA21A-1

SUBTOTAL of Receipts This Page (optional)	•	16235.58
TOTAL This Period (last page this line number only)	<b>→</b>	16235.58

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Schedule B-P	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 19 / 24
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 23 27b	7 one) 24 X 25 26 27a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT	TEE, INC		
Full Name (Last, First, Middle Initial) RYAN MEDRANO  Mailing Address 5 EAST 22ND ST			Transaction ID: SB23-5 Date of Disbursement  O 4 M / D 2 3 / Y 2 0 1 0 Y
,	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement COMPLIANCE CONSULTING			5000.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) RYAN MEDRANO  Mailing Address 5 EAST 22ND ST			Transaction ID: SB23-6 Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name		Category/ Type	5000.00
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) RYAN MEDRANO			Transaction ID: SB23-7 Date of Disbursement
Mailing Address 5 EAST 22ND ST			$\begin{bmatrix} M & 6 & M \\ 0 & 6 & M \end{bmatrix} \   \begin{bmatrix} D & D & D \\ 1 & 8 & M \end{bmatrix} \   \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{bmatrix} $
NÉW YORK	State Zip Code NY 10010		Amount of Each Disbursement this Period
Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name		Category/ Type	5000.00
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	туре	
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	15000.00
TOTAL This Period (last page this line number only)			

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Schedule B-P	Use separate schedule(s)	FOR LINE	NUMBER: PAGE 20 / 24
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 23 27b	y one) 24 X 25 26 27a 28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMIT	TEE, INC		
Full Name (Last, First, Middle Initial) AON RISK  Mailing Address 199 WATER STREET			Transaction ID: SB23-11 Date of Disbursement  M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	State Zip Code		Amount of Each Disbursement this Period
NÉW YORK	NY 10038		11529.00
Purpose of Disbursement INSURANCE PREMIUM			11529.00
Candidate Name		Category/ Type	
Office Sought:  Senate President State:  Disburse	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) BRACEWELL & GIULIANI Mailing Address 1251 AVENUE OF THE A	AMERICAS		Transaction ID: SB23-10 Date of Disbursement  O 6 M / D 1 8 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
,	State Zip Code NY 10020		Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING Candidate Name		Category/ Type	7500.00
Office Sought:    House   Disburse     Senate   President     State: District:	ment For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) BRACEWELL & GIULIANI			Transaction ID: SB23-8 Date of Disbursement
Mailing Address 1251 AVENUE OF THE A	AMERICAS		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ D & O & 1 & O \end{smallmatrix} \end{bmatrix}$
	State Zip Code NY 10020		Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING			7500.00
Candidate Name		Category/ Type	
Office Sought:    House   Disburse     Senate     President     State: District:	ment For: Primary General Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	26529.00
TOTAL This Period (last page this line number only)			

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Schedule B-P	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	one) ] 24
	Detailed Summary Page	27b	28a 28b 28c 29
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
RUDY GIULIANI PRESIDENTIAL COMMIT	TEE, INC		
Full Name (Last, First, Middle Initial) BRACEWELL & GIULIANI			Transaction ID: SB23-9 Date of Disbursement
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Mailing Address 1251 AVENUE OF THE A	AMERICAS		03 24 2010
•	State Zip Code NY 10020		Amount of Each Disbursement this Period
Purpose of Disbursement LEGAL CONSULTING			7500.00
Candidate Name		Category/	
		Туре	
Office Sought: House Disburse Senate	ment For:  Primary General		
President	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			Transaction ID: SB23-2
CMDI			Date of Disbursement
Mailing Address 7704 LEESBURG PKE			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & 2 & O & 1 \end{smallmatrix} 0^{Y} \end{bmatrix}$
•	State Zip Code VA 22043		Amount of Each Disbursement this Period
Purpose of Disbursement	VA 22043		1500.00
DATABASE MAINTENANCE			
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate	ment For:		
President	Primary General  Other (specify)		
State: District:	<b>₹</b>		
Full Name (Last, First, Middle Initial) CMDI			Transaction ID: SB23-3 Date of Disbursement
Mailing Address 7704 LEESBURG PKE			$\begin{bmatrix} \begin{smallmatrix} M & 5 & M \\ 0 & 5 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 0 \end{smallmatrix} \end{bmatrix}$
	State Zip Code		Amount of Each Disbursement this Period
	VA 22043		1500.00
Purpose of Disbursement DATABASE MAINTENANCE			1300.00
Candidate Name		Category/ Type	
· H	ment For:	••	
Senate President	Primary General Other (specify) ▼		
State: District:	Other (specify)		
SUBTOTAL of Disbursements This Page (optional) .			10500.00
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Schedule B-P															
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Full Name (Last, First, Middle Initial) CMDI							<b>Trans</b> Date	of D		ırse	eme	_			
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	State VA	Zip Code 22043					Amou	int o	f Ea	ach	Dis	burse		t this Per	riod
Purpose of Disbursement DATABASE MAINTENANCE					•		L.	_	-				15	00.00	
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Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial)							_								
LOCKART ATCHLEY & ASSOCIATES LLF	P						Date of		-	ırse	eme			Y * Y	1
Mailing Address 6850 AUSTIN CENTER I STE 180	BLVD						0 5		Ĺ		•	Ľ		0 1 0 °	
City AUSTIN	State TX	Zip Code 78731-3129					Amou	int o	f Ea	ach	Dis	burse	emen	t this Per	riod
Purpose of Disbursement TAX CONSULTING						1	L.						18	51.20	
Candidate Name				ate Typ	gory/ oe										
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼													
Full Name (Last, First, Middle Initial) WACHOVIA BANK NATIONAL ASSOCIAT	ΓΙΟΝ						Trans			urse	eme		-12		
Mailing Address PO BOX 563966							0 <sup>M</sup> 4	М	′	0	<sup>D</sup>	/	<sup>Y</sup> 2	0 1 0 °	
•	State NC	Zip Code 28262					Amou	int o	f Ea	ach	Dis	burse		t this Per	riod
Purpose of Disbursement CREDIT CARD MERCHANT FEE					•									78.00	
Candidate Name				ate(	gory/ oe										
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Schedule B-P	Lie a consulta collectivi	-(-)	Τ	FOR LIN	NE NU	JMBER	l:		P	AGE	23 / 24
ITEMIZED DISBURSEMENTS	Use separate schedul for each category of the	ne ´	١,	(check o	nly or		<del></del>		$\neg  \Box$	_	l 0 <del>-</del>
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Any Information copied from such Reports and Staten or for commercial purposes, other than using the nam											
NAME OF COMMITTEE (In Full)											
RUDY GIULIANI PRESIDENTIAL COMMI	TTEE, INC										
Full Name (Last, First, Middle Initial) WACHOVIA BANK NATIONAL ASSOCIA	ΓΙΟΝ					<b>Transa</b> Date of			SB23 ment	-13	
Mailing Address PO BOX 563966						0 <sup>M</sup> 5 M	/	<sup>D</sup> 0	3 /	Ž	010
City CHARLOTTE	State Zip Code NC 28262					Amoun	t of E	ach	Disburse	-	t this Period
Purpose of Disbursement CREDIT CARD MERCHANT FEE				•							78.00
Candidate Name				tegory/ ype							
Office Sought: House Disburse Senate President State: District:	ement For:  Primary Gene  Other (specify)	ral									
Full Name (Last, First, Middle Initial)					١.	Transa	ction	ı ID:	SB23	-14	
WACHOVIA BANK NATIONAL ASSOCIATION	ΓΙΟΝ					Date of	Disb	urse	ment		
Mailing Address PO BOX 563966						06	′	<sup>D</sup> 0	1 /	Ž	010
City CHARLOTTE	State Zip Code NC 28262					Amoun	t of E	ach	Disburse	-	t this Period
Purpose of Disbursement CREDIT CARD MERCHANT FEE											78.00
Candidate Name		(		tegory/ Type							
Office Sought: House Disburse Senate President State: District:	ement For:    Primary   Gene   Other (specify)   \(\psi\)	eral		··							
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WACHOVIA BANK NATIONAL ASSOCIATION	ΓΙΟΝ					Date of				-13	
Mailing Address PO BOX 563966						0 4 M	/ _	0	9 /	ž	010
City CHARLOTTE	State Zip Code NC 28262					Amoun	t of E	ach	Disburse	emen	t this Period
Purpose of Disbursement BANK FEE				•						_	31.68
Candidate Name				tegory/ ype							
Senate President	ement For: Primary Gene Other (specify)	eral									
State: District:											
SUBTOTAL of Disbursements This Page (optional)				▶						18	87.68

TOTAL This Period (last page this line number only) .....

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# Schedule B-P

FOR LINE NUMBER: PAGE 24/24 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 23 24 25 27a **Detailed Summary Page** 27b 28a 28b 29 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) RUDY GIULIANI PRESIDENTIAL COMMITTEE, INC Full Name (Last, First, Middle Initial) Transaction ID: SB23-16 WACHOVIA BANK NATIONAL ASSOCIATION Date of Disbursement 14 0 5 2010 Mailing Address PO BOX 563966 City State Zip Code Amount of Each Disbursement this Period **CHARLOTTE** NC 28262 31.64 Purpose of Disbursement **BANK FEE** Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary

President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: SB23-17 В. WACHOVIA BANK NATIONAL ASSOCIATION Date of Disbursement 0 9 0 6 2010 Mailing Address PO BOX 563966 City State Zip Code Amount of Each Disbursement this Period **CHARLOTTE** 28262 NC 31.59 Purpose of Dishursement

BANK FEE	Schicht		
Candidate Name			Category/ Type
Office Sought:	House Senate	Disbursement For: Primary Gen	
State:	President District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	•	63.23
TOTAL This Period (last page this line number only)	<b>•</b>	55709.11

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